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Bib Data Sheet

SERIAL NUMBER 09/685,202	FILING DATE 10/10/2000 RULE -	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 195671US8
APPLICANTS Martin Rofheart, Washington, DC ; John W McCorkle, Laurel, MD ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY DC	SHEETS DRAWING 13	TOTAL CLAIMS 47
INDEPENDENT CLAIMS 4				
ADDRESS 22850				
TITLE Method and system for enabling device functions based on distance information				
FILING FEE RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 43

SERIAL NUMBER 09/685,202	FILING DATE 10/10/2000 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOKKE NO. 195671US8
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APPLICANTS

Martin Rofheart, Washington, DC;

John W McCorkle, Laurel, MD;

** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 12/08/2000

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DC	SHEETS DRAWING 13	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Oblon, Spivak, McClelland, Maier & Neustadt
Fourth Floor
1755 Jefferson Davis Highway
Arlington, VA
22202

TITLE

Method and system for enabling device functions based on distance information

FILING FEE RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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